

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: City of Linwood County: Atlantic
 Employee Organization: Teamsters Local #331 Employees in Unit: 8
 Base Year Contract Term: 1/1/2011 12/31/2013 New Contract Term 1/1/2014 12/31/2016
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic			
<i>Item 1</i>	<u>Salary</u>	<u>\$459,707</u>	<u>\$468,312</u>
<i>Item 2</i>	<u>Increment</u>	_____	_____
<i>Item 3</i>	<u>Longevity</u>	_____	_____
<i>Item 4</i>	<u>Clothing Allowance</u>	<u>\$2,400</u>	<u>\$2,400</u>
<i>Item 5</i>	_____	_____	_____
<i>Item 6</i>	_____	_____	_____
<i>Item 7</i>	_____	_____	_____
<i>Item 8</i>	_____	_____	_____
<i>Item 9</i>	_____	_____	_____
<i>Item 10</i>	_____	_____	_____
<i>Item 11</i>	_____	_____	_____
<i>Item 12</i>	_____	_____	_____
Any additional items list on separate sheet	Additional Items	_____	_____
Section III: Totals - Sum of costs in each column		<u>\$462,107</u> (Total)	<u>\$470,712</u> (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$462,107

<u>Effective Date (m/d/yyyy)</u>	<u>1/1/2014</u>	<u>1/1/2015</u>	<u>1/1/2016</u>	_____	_____	_____
Percent Increase	2%	2%	0%	_____	_____	_____
Total cost of increase ..	<u>\$8,605</u>	<u>\$8,733</u>	<u>\$0</u>	_____	_____	_____
Total base salary (successor agreement)	<u>\$ 470,712</u>	<u>\$ 479,455</u>	<u>\$ 479,455</u>	_____	_____	_____

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 1.33
 Dollar Impact (average per year over term of agreement) \$5,779.00

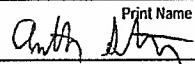
Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1	_____	_____	_____
Cost of Health Plan	<u>\$211,896</u>	<u>\$194,175</u>	_____	_____	_____
Employee Contributions	<u>\$20,688</u>	<u>\$25,040</u>	_____	_____	_____
Prescription	_____	_____	_____	_____	_____
Dental	_____	_____	_____	_____	_____
Vision	_____	_____	_____	_____	_____

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by:	<u>Anthony Strazzeri</u>	Title: <u>CFO</u>
<u>Print Name</u>  Signature		Date: <u>1/21/2015</u>